

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN312AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2009
NAME OF PROVIDER OR SUPPLIER MOUNTAIN SPRINGS ASSISTED COMM		STREET ADDRESS, CITY, STATE, ZIP CODE 2907 N MOUNTAIN STREET CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 25375</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for sixty Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 50. Fifteen resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=E	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28725 Based on record review on 12/22/09, the facility failed to ensure 3 of 10 employees complied with NAC 441A.375 regarding pre-employment physicals for the protection of all residents (Employee #1, #4 and #6). This was a repeat deficiency from the 12/16/09 State Licensure survey. Severity: 2 Scope: 2	Y 103			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28725 Based on record review on 12/22/09, the facility failed to ensure 3 of 10 caregivers met background check requirements (Employee #3, #4 and #7). This was a repeat deficiency from the 12/16/09 State Licensure survey. Severity: 2 Scope: 2	Y 105			

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Y 178	Continued From page 2	Y 178		
Y 178 SS=F	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209</p> <p>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation on 12/22/09, the facility failed to ensure 3 of 6 hallway bathrooms in the Aspen building and 1 of 2 in the Bristlecone building were cleaned between resident use. In the Aspen building, Bathroom #1 had cracks between the floor tiles that could not be sanitized. Bathroom #2 had dried feces in the tub. Bathroom #4 had 2 dried used washcloths in the shower, one of which contained dried feces. In the Bristlecone building, the shower between resident room #15 and 16 had a damp wash cloth at 1:00 PM.</p> <p>Severity: 2 Scope: 3</p>	Y 178		
Y 895 SS=A	<p>449.2744(1)(b)(1) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered;</p>	Y 895		

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Y 936	<p>Continued From page 4</p> <p>the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28725 Based on record review on 12/22/09, the facility failed to ensure 4 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3, #5, #6 and #12) which affected all residents. Residents #3 and #6 had no evidence of a positive PPD's prior to skipping the admission PPD's and going straight to chest X-rays. Resident #5 and #12 lacked signs and symptom reviews. Resident #12's two-step PPD was not done in a timely manner.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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